



SINGLE-EVENT REGISTRATION ORDER FORM

MAILING/CONTACT INFORMATION

Name: _____

Membership No. (if applicable): _____ Phone: _____

Address: _____

City, State: _____ Country, Zip/Postal Code: _____

Email Address: _____

Person(s) authorized to pick up this order: _____

Check if ADA seating is required. Please specify needs: _____

SINGLE-EVENT REGISTRATION SALES POLICY — PLEASE READ CAREFULLY

- Single-event registration seating will be assigned **AFTER** all-event registration seating assignments.
- Registrations that are not purchased together on the same order will **NOT** be seated together. **NO EXCEPTIONS.**
- Requests by single-event registration holders to be seated with all-event registration holders **CANNOT** be honored.
- Single-event registrations will not be mailed, but may be picked up on-site at Will Call during set hours that are published in the convention schedule.
- A confirmation email will be sent to the purchaser once the order is complete. The email may arrive in a spam/junk folder, please check accordingly.

SINGLE-EVENT REGISTRATION

SINGLE-EVENT REGISTRATION	PRICE	QUANTITY	SUBTOTAL
HARMONY CLASSIC & OPENING SESSION TUESDAY, OCT. 10, 2017 • 5 – 10:30 P.M.			
3001 Adult	\$53		
3002 Student	\$23		
QUARTET SEMIFINALS WEDNESDAY, OCT. 11, 2017 • 10 A.M. – 10:30 P.M.			
4001 Adult	\$53		
4002 Student	\$23		
CHORUS SEMIFINALS THURSDAY, OCT. 12, 2017 • 10 A.M. – 9 P.M.			
5001 Adult	\$53		
5002 Student	\$23		
QUARTET FINALS FRIDAY, OCT. 13, 2017 • 11:45 A.M. – 5 P.M.			
6001 Adult	\$58		
6002 Student	\$23		
CHORUS FINALS SATURDAY, OCT. 14, 2017 • 11:45 A.M. – 6 P.M.			
7001 Adult	\$58		
7002 Student	\$23		
TOTAL			

Return to Natalie Bennett by Sept. 1, 2017. Orders will not be processed after Sept. 1.
 Registrations will be available for purchase on-site, based on availability.

SEND PAYMENT

MAIL TO:
 Sweet Adelines International
 Attn: Natalie Bennett, events coordinator
 9110 S. Toledo Ave.
 Tulsa, OK 74137 USA

FAX TO: 1.918.388.8083
(credit card payments only)

QUESTIONS? CALL:
 1.800.992.7464 ext. 119 or 1.918.622.1444

PAYMENT METHOD

Check
Make check payable to
Sweet Adelines International.

Credit card*
 *CC payment only acceptable via postal mail, fax or by phone.

Visa MasterCard Discover

Card Number: _____

Expiration: mo ___ yr ___

Cardholder's Signature: _____

Print Name: _____

RELEASE OF CLAIMS

As a purchaser or as an attendee: "I agree and acknowledge that I am participating and/or attending the Sweet Adelines International 2017 International Convention & Competition ("Event") on my own accord. I give this acknowledgement freely and knowingly and I represent and warrant to you that I am physically and mentally fit and that, as a result, I am able to participate and/or attend, and I do hereby assume responsibly for my own well-being. I am fully aware that possible physical injury might occur to me as a result of my participation and/or attendance at the Event. I agree to assume the full risk, including risk, known or unknown, for any injuries, including death, damages or less, regardless of severity (collectively "Injuries"), which I may sustain as result of participating in and/or attending any activity connected to or associated with the Event.

In consideration of the right to participate or attend the Event, I hereby release, waive and discharge Sweet Adelines International, its directors, officers, employees, members and staff from all past, present and future rights, claims, actions, causes of action, demands, damages and losses for Injuries, that may arise as a result of my participation and/or attendance at the Event, even if caused by the negligence or fault of Sweet Adelines International and its directors, officers, employees, members, staff, which may accrue to me or my heirs arising out of or in any way connected to my participation or attendance at the Event. I further agree to indemnify, defend and hold harmless Sweet Adelines International, its directors, officers, employees, members and staff from any and all claims, actions, cause of actions, demands, damages, losses, attorneys' fees and costs resulting from Injuries, which may accrue to me or my heirs arising out of or in any way connected to my participation or attendance at the Event.

This Release of Claims shall be governed by and construed under the laws of the State of Oklahoma.

Signature: _____

Date: _____

Print Name: _____